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Pertussis Report (IMMP-25) revised 7/97.



Pertussis

Overview^(1,2,3,5)

For a more complete description of pertussis, refer to the following texts:

- Vaccine-Preventable Disease Surveillance Manual, Pertussis section, CDC.
- Guidelines for the Control of Pertussis Outbreaks, CDC.
- Epidemiology and Prevention of Vaccine-Preventable Diseases, Pertussis section, CDC.
- Red Book, Report of the Committee on Infectious Diseases, Pertussis section.

Case Definition⁽³⁾

Clinical case definition

A cough illness lasting at least 2 weeks with one of the following:
paroxysms of coughing, **or** inspiratory “whoop”, **or** post-tussive vomiting
and without other apparent cause (as reported by a health professional).

Outbreak Clinical Case Definition: a cough illness lasting at least 14 days (as reported by a health professional), in an area currently experiencing a pertussis outbreak.

Laboratory criteria for diagnosis

- Isolation of *Bordetella pertussis* from a clinical specimen, or
- Positive polymerase chain (PCR) reaction assay for *B. pertussis*

Case classification:

--Confirmed:

- 1) a person with an acute cough illness of any duration who is culture positive, or
- 2) a case that meets the clinical case definition and is confirmed by PCR, or
- 3) a case that meets the clinical definition and is epidemiologically linked directly to a laboratory-confirmed case.


--Probable: Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory confirmed case.

Comment

A positive PCR test in a person without a cough is NOT a case.

Information Needed for Investigation

Verify clinical diagnosis. Obtain demographic and clinical information on the case from the attending physician, hospital, and/or parent. Obtain all information necessary to complete the Case Report Form-IMM.P.25 (7/97). Determine the case’s period of infectiousness and

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document name, address, age, sex and circumstances of the exposure of all contacts of the case during this time period.


Establish the extent of illness. Determine if household or other close contacts are, or have been, ill by contacting the health care provider, patient or family member.

Contact the Regional Communicable Disease Coordinator for assistance or if an outbreak is suspected, or if cases are in high-risk settings such as child care, health care, or unvaccinated child populations.

Case/Contact Follow-up and Control Measures^(1,2)

Case/Contact Investigation

- **Case Diagnosis.** Any physician or hospital suspecting pertussis should obtain a nasopharyngeal swab for culture and PCR testing prior to initiating treatment.
 1. Lab kits for pertussis testing may be ordered from your Regional Communicable Disease Coordinator or the State Health Lab.
 2. Forward specimens to State Laboratory in Jefferson City. Instructions are included with the kits or contact the lab at (573) 751-751-0633. Note: Please check the expiration date on the kit prior to collecting the specimen.
 3. Recovery of these organisms is highest during the first week of infection, if the specimen is collected and inoculated properly. The percentage of positive cultures steadily declines with time.
 4. Antibiotic treatment affects the rate of isolation, even during the acute stage of infection. Isolations are seldom made after antibiotic administration of 48 hours duration.
- **Case Management**
 1. Obtain demographic and clinical information on the case from the attending physician, hospital, and/or parent.
 2. Obtain all information to complete the Pertussis Report Form-IMM.P.25 (7/97).
 3. Obtain names, ages, sex, school or work location, immunization status, and clinical status of all household members.
 4. Determine the case's period of infectiousness. Document name, address, age, and sex of all contacts of the case during this time period. Document the circumstances of the contacts' exposure.

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Control Measures. Spread of pertussis can be limited by:

- Decreasing Infectivity of the Patient With Clinical Pertussis
 1. Oral erythromycin is the drug of choice and should be administered in 4 divided doses for 14 days:


Children:	40mg/kg/day
Adults:	1 g/day
 2. Trimethoprin-Sulfamethoxazole (TMP-SMZ) is an alternative for patients who do not tolerate erythromycin. It should be administered in 2 divided doses for 14 days:

Children:	trimethoprim 8 mg/kg/day, sulfamethoxazole 40 mg/kg/day
Adults:	trimethoprim 320 mg/day, sulfamethoxazole 1600 mg/day
 3. The CDC recommends erythromycin as the antimicrobial agent of choice for treatment and prophylaxis against pertussis. In recent years, azithromycin and clarithromycin are two antibiotics often administered for treatment and prophylaxis against pertussis. The American Academy of Pediatrics states that because of in vitro susceptibilities, clarithromycin and azithromycin likely to be effective and, thus, are alternatives for patients who cannot tolerate erythromycin.⁽⁵⁾
- Protecting Close Contacts of Patients With Pertussis (i.e. household, day care school, or other non-household *close* contacts (described as a person who has direct contact with respiratory secretions from the case and/or shared confined space in close proximity for a prolonged period of time):
 1. Active immunization:

Close contacts under 7 years old who have not completed the four-dose primary series of DTaP or who have not received a dose of DTaP within 3 years of exposure should receive one dose of DTaP and complete a primary series with the minimal intervals. Refer to the current “Recommended Childhood Immunization Schedule”⁽¹⁾ for the complete schedule and information.
 2. Chemoprophylaxis:

Chemoprophylaxis is recommended for all household and other close contacts irrespective of age or immunization status. The antibiotics and dosages used for chemoprophylaxis of contacts are the same as that recommended for treatment of a clinical case.
 3. Period of infectiousness

— Treated case-isolation should continue for 5 days after the onset of erythromycin treatment.

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- Untreated case-isolation should continue until cultures for *B. pertussis* are Negative or until 3 weeks after the onset of paroxysms.

Surveillance


- Surveillance of Contacts -- Begin surveillance at the time of exposure to a case and continue for 6 weeks after cough onset of the last confirmed or suspected case.
- Surveillance in Community -- Active surveillance should be intensified with notification of pediatricians, family practitioners, schools, childcare facilities, and hospitals to ascertain all new cases.
 1. Childcare facilities--consider all children and adult staff in the same classroom and eating areas as the case to be contacts, if they were present at the facility during the case's period of infectiousness. Following the report of the first case in a facility, review the immunization records of all children, in all classes. If there is evidence of continuing person-to-person transmission, limit enrollment of new children to those who are completely immunized. If two or more cases occur in a center, consider exclusion of all incompletely immunized.
 2. Schools--consider all persons in the case's classroom as contacts if they were present in the class during the case's period of infectiousness. Determine the immunization status of all students in the class and document those students who have young or infant siblings at home. Prioritize surveillance to focus on incompletely immunized students, and students with young or infant siblings.
 3. For assistance with control activities, contact Immunization Representative in your region.

Reporting Requirements

Pertussis is a Category I disease and shall be reported to the local health authority or to the DHSS within 24 hours of first knowledge or suspicion by telephone, facsimile or other rapid communication.

1. For confirmed and probable cases complete a "Disease Case Report" (CD-1), and a "Pertussis Case Report", IMMP 25(7/97).
2. Entry of the complete CD-1 into the MOHSIS database negates the need for the paper CD-1 to be forwarded to the Regional Health Office.
3. Send the completed investigation form to the Regional Health Office.

References

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1. Centers for Disease Control and Prevention. Guidelines for the Control of Pertussis Outbreaks. Centers for Disease Control and Prevention: Atlanta, GA, 2000.
2. Centers for Disease Control and Prevention. Manual for the Surveillance of Vaccine-Preventable Diseases. Centers for Disease Control and Prevention, Atlanta, GA, 2002.
3. Centers for Disease Control and Prevention. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No.RR-10): 15.
4. W. Atkinson, C. Wolfe, (Eds.) “Pertussis.” Epidemiology and Prevention of Vaccine-Preventable Diseases 7th ed. Centers for Disease Control and Prevention 2002, 58 – 70.
5. American Academy of Pediatrics. “Pertussis”. In: Pickering, LK, ed. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL. 2000: 435-448.
6. Recommended Childhood and Adolescent Immunization Schedule, United States, January-December 2003. Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Pertussis (Whooping Cough)

FACT SHEET

What is pertussis?

Pertussis (whooping cough) is a highly contagious, bacterial disease marked by severe coughing. It is named after the "whoop" sound children and adults make when they try to breathe in during or after a severe coughing spell.

Who gets it?

Pertussis can occur at any age, but infants and young children are at highest risk of life-threatening consequences. Undiagnosed mild disease in older children, adolescents, and adults contributes to the spread of the illness among infants and young children.

How is it spread?

Pertussis is caused by a bacteria found in the mouth, nose and throat of an infected person. Transmission to others occurs during close contact with an infected person, most commonly by airborne droplets of respiratory secretions.

What are the symptoms?

Pertussis usually starts with cold or flu-like symptoms such as runny nose, sneezing, fever and a mild cough. These symptoms can last up to 2 weeks and are followed by increasingly severe coughing spells. The coughing attacks may last for many months in the "classic illness" or just a few days in the mild form of the disease. Mild pertussis disease is difficult to diagnose because its symptoms mimic those of a cold. Usually a prolonged cough is present, but without the "whoop". Recovery occurs gradually over 2 to 3 weeks. Fever, if present, is usually mild.

How soon do symptoms appear?

Symptoms appear between 6 to 21 days (average 7-10) after exposure to the bacteria.

When and for how long can it be spread?

The contagious period is from 7 days following exposure to 3 weeks after onset of severe coughing spells. It is most contagious during the first two to three weeks of infection, often before the beginning of severe coughing spells.

Does past infection with pertussis make a person immune?

Children who have recovered from culture-confirmed pertussis do not need further doses of pertussis vaccine.

How do you treat it?

Pertussis is treated with antibiotics and patients are advised to take all prescribed medication and avoid contact with anyone, particularly small infants and children. Anyone who is exposed to pertussis should also be given antibiotics to prevent the disease.


What are some potential complications?

Pneumonia is the most common complication and cause of pertussis-related deaths. Young infants are at highest risk for pertussis-related complications, including seizures, encephalopathy (swelling of the brain), and otitis media (severe ear infection). There are about 10-15 deaths each year in the United States.

How do you prevent it?

Immunization against pertussis with DTaP vaccine is recommended by both the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) and should be administered in 5 doses: at 2, 4, 6, and 15-18 months of age and 4 - 6 years of age. The vaccine is not given to people 7 years of age and older.

**Missouri Department of Health and Senior Services
Section for Communicable Disease Prevention
Phone: (866) 628-9891 or (573) 751-6113**

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Sample Letter to the Local Medical Community Alerting them to a Pertussis Outbreak in the Community

Date _____


Dear Dr. _____,

Pertussis cases are occurring in *(name of community)*; therefore, the Department of Health and Senior Services (DHSS) and the _____ Co. Health Department recommends the following:

- Consider pertussis when evaluating any infant, child, youth, or adult with an acute cough illness characterized by prolonged cough or cough with paroxysms, whoop, or post-tussive gagging/vomiting. Infants may present with apnea and/or cyanosis.
- Report known or suspected cases promptly to the health department. *(Add phone number or other details)*
- The diagnostic gold standard for pertussis is a positive culture result. The Missouri Department of Health and Senior Services, State Public Health Laboratory has a collection/transport kit available for pertussis culturing. Please contact the health department *(Add phone number or other details)* to obtain a kit.
- Treatment for pertussis, as well as chemoprophylaxis for exposed persons, consists of 14 days of erythromycin or trimethoprim-sulfamethoxazole.
- Exposed susceptible persons should receive chemoprophylaxis. Exposure is defined as face-to-face contact, direct contact with respiratory, oral, or nasal secretions, or being in the same room or ward with a coughing pertussis case-patient. Because the protective efficacy of pertussis immunization wanes after the last vaccine dose, the great majority of teenagers and adults are susceptible to pertussis, even if they were immunized in childhood. Persons with symptoms should be given leave from work and allowed to return when they are well, another diagnosis is established, or they have been on appropriate antimicrobial treatment for 5 or more days.

Thank you for your assistance. If you have any questions, please call _____.

Sincerely,

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Sample Letter to Parent/Guardian about Pertussis in a School/Day Care

Dear Parent/Guardian:


We have had [# of cases] of [confirmed, suspected] pertussis reported in our school. Pertussis is a highly contagious disease that is spread through the air by cough. Pertussis begins with cold symptoms and a cough that becomes much worse over 1-2 weeks. Symptoms usually include a long series of coughs (“coughing fits”) followed by a whooping noise. However, older children, adults and very young infants may not develop the whoop. There is generally no fever. People with pertussis may have a series of coughs followed by vomiting, turning blue, or difficulty catching breath. The cough is often worse at night and cough medicines usually do not help the cough.

Please consider the following health department recommendations:

1. Infants under one year, and particularly under six months, are most likely to experience severe illness if they develop pertussis. When possible, young infants should be kept away from people with a cough. **A doctor should promptly evaluate infants with any coughing illness.**
2. Pertussis vaccine is only given to children under age 7 years. If you have children less than 7 years of age who have not been completely immunized against pertussis (particularly infants under one year), we recommend you talk to your child’s doctor about vaccination.
3. If your child comes down with cold symptoms that include a cough, talk to your child’s doctor without delay. Tell him/her that there has been pertussis identified in your child’s school. Giving antibiotics early can help your child get well faster and lower the chances of spreading the disease to others.

Thank you for your assistance. If you have any questions, please call _____

Sincerely,

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Sample Physician Notification Letter About Pertussis Prophylaxis

Dear Physician:

_____ is being referred to you for chemoprophylaxis against pertussis because he/she may have clinical symptoms compatible with pertussis or has had close contact with a diagnosed case of pertussis. The current recommendation of the Centers for Disease Control and Prevention and the American Academy of Pediatrics indicate erythromycin or trimethoprim/sulfamethoxazole as the drugs of choice for treatment of diagnosed cases and prophylaxis of household/close contacts, regardless of age or immunization status.

The recommended dosages are as follows:

Erythromycin

Children: 40-50 mg/kg/day } in four divided

Adults: 1-2 grams/day } oral doses

-OR-

Trimethoprim/Sulfamethoxazole

Children: Trimethoprim - 8 mg/kg/day }

Sulfamethoxazole - 40 mg/kg/day } in two divided

Adults: Trimethoprim - 320 mg/day } oral doses

Sulfamethoxazole - 1,600 mg/day }

Treatment should be continued for 14 days. All cases and their household/close contacts should receive erythromycin regardless of age or immunization status. Pertussis immunity is not absolute (100%) and may not prevent infection. Older children and adults with mild illness can transmit the infection. Symptomatic children and/or adults may return to school or work after completing the first 5 days of medication, but the full 14 days of treatment must be completed. A booster dose of DTaP vaccine is also recommended for any contact less than seven years of age who has not completed the four-dose primary immunization series or who has not received a dose of DTaP within three years before exposure.

Any questions or concerns regarding these recommendations should be directed to the _____ at _____.

Sincerely,



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF SURVEILLANCE

PERTUSSIS REPORT

CASE NO.

PATIENT	NAME (LAST, FIRST, M.I.)			COUNTY
	ADDRESS	CITY	STATE	ZIP CODE
Reporting Physician Nurse/Hosp/ Clinic	NAME			TELEPHONE
	ADDRESS	CITY	ZIP CODE	

DEMOGRAPHICS

BIRTHDATE (MONTH/DAY/YEAR)	RACE	ETHNICITY
SEX	<input type="checkbox"/> NATIVE AMER./ALASKAN NATIVE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC <input type="checkbox"/> UNKNOWN

CLINICAL DATA

EVENT DATE (MONTH/DAY/YEAR)	OUTBREAK ASSOCIATED (LEAVE BLANK UNLESS CASE AFFILIATED WITH OUTBREAK AND WANT TO NOTE OUTBREAK)				
Cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	COUGH ONSET DATE (MONTH/DAY/YEAR)	COUGH AT FINAL INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Paroxysmal cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINAL INTERVIEW DATE (MONTH/DAY/YEAR)	DURATION OF COUGH AT FINAL INTERVIEW (DAYS)
Whoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Posttussive vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

COMPLICATIONS

CHEST X-RAY FOR PNEUMONIA <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT DONE <input type="checkbox"/> UNKNOWN	DIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Seizures due to pertussis Acute encephalopathy due to pertussis Hospitalized due to pertussis	IF HOSPITALIZED, DAYS HOSPITALIZED COUGH AT FINAL INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

TREATMENT

WERE ANTIBIOTICS GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
DATE STARTED 1ST ANTIBIOTIC (MONTH/DAY/YEAR)	NUMBER OF DAYS 1ST ANTIBIOTIC ACTUALLY TAKEN
FIRST ANTIBIOTIC RECEIVED <input type="checkbox"/> ERTYHROMYCIN (INCL. PEDIAZOLE, ILOSONE) <input type="checkbox"/> TETRACYCLINE / DOXYCYCLINE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> COTRIMOXAZOLE (BACTRIM / SEPTRA) <input type="checkbox"/> AMOXICILLIN / PENICILLIN / AMPICILLIN / AUGMENTIN / CECLOX / CEFIXIME <input type="checkbox"/> CLARITHROMYCIN / AZITHROMYCIN <input type="checkbox"/> OTHER	
DATE STARTED 2ND ANTIBIOTIC (MONTH/DAY/YEAR)	NUMBER OF DAYS 2ND ANTIBIOTIC ACTUALLY TAKEN
SECOND ANTIBIOTIC RECEIVED <input type="checkbox"/> ERTYHROMYCIN (INCL. PEDIAZOLE, ILOSONE) <input type="checkbox"/> TETRACYCLINE / DOXYCYCLINE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> COTRIMOXAZOLE (BACTRIM / SEPTRA) <input type="checkbox"/> AMOXICILLIN / PENICILLIN / AMPICILLIN / AUGMENTIN / CECLOX / CEFIXIME <input type="checkbox"/> CLARITHROMYCIN / AZITHROMYCIN <input type="checkbox"/> OTHER	

LABORATORY

WAS LABORATORY TESTING FOR PERTUSSIS DONE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
	DATE SPECIMEN COLLECTED (MONTH/DAY/YEAR)	RESULT	IS CASE LABORATORY-CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Culture			RESULT CODE P POSITIVE N NEGATIVE I INDETERMINATE E PENDING X NOT DONE S PARAPERTUSSIS NOTE: Serology result is based on either single sample or combined result from acute and convalescent samples.
DFA			
PCR			
Serology (1st specimen)			
Serology (2nd specimen)			

VACCINE HISTORY (COMPLETE ONLY FOR CHILDREN AGED < 15 YEARS)									
VACCINATED? (HAS EVER RECEIVED ANY DOSES OF DIPHTHERIA, TETANUS AND/OR PERTUSSIS-CONTAINING VACCINES) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									
DATE OF LAST PERTUSSIS-CONTAINING VACCINE PRIOR TO ILLNESS ONSET (MONTH/DAY/YEAR)									
RECORD TYPE AND MFG FOR EACH DOSE (UNLIKELY TO BE AVAILABLE IF PATIENT BORN BEFORE 1989)									
VACCINATION DATE (MONTH/DAY/YEAR)	VACCINE TYPE	VACCINE MANUFACTURER	TYPE CODES		MANUFACTURER CODES				
1.			W	DTP WHOLE CELL	C	Connaught			
			A	DTaP	L	Lederle			
2.			D	DT OR Td	M	Massachusetts Health Department			
			T	DTP-Hib Tetramune	I	Michigan Health Department			
3.			P	Pertussis only	O	Other			
			O	Other	U	Unknown			
4.			U	Unknown					
5.									
6.									
NUMBER OF DOSES OF PERTUSSIS-CONTAINING VACCINE PRIOR TO ILLNESS ONSET									
IF NOT VACCINATED WITH 3 DOSES OF PERTUSSIS VACCINE, REASON <div> <input type="checkbox"/> RELIGIOUS EXEMPTION <input type="checkbox"/> PARENTAL REFUSAL <input type="checkbox"/> MEDICAL CONTRAINDICATION <input type="checkbox"/> AGE < 7 MONTHS <input type="checkbox"/> PHILOSOPHICAL EXEMPTION <input type="checkbox"/> OTHER <input type="checkbox"/> PREVIOUS PERTUSSIS CONFIRMED BY CULTURE OR MD <input type="checkbox"/> UNKNOWN </div>									
EPIDEMIOLOGY INFORMATION									
DATE FIRST REPORTED TO A HEALTH DEPARTMENT (MONTH/DAY/YEAR)			DATE CASE INVESTIGATION STARTED (MONTH/DAY/YEAR)		EPI-LINKED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
OUTBREAK RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			IF YES, OUTBREAK NAME (NAME OF OUTBREAK THIS CASE IS ASSOCIATED WITH)						
TRANSMISSION SETTING (WHERE DID THIS CASE ACQUIRE PERTUSSIS?)					SETTING OUTSIDE OF HOUSEHOLD IN WHICH SECONDARY TRANSMISSION OF PERTUSSIS FROM THIS CASE OCCURRED				
<input type="checkbox"/> DAY CARE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> DOCTOR'S OFFICE <input type="checkbox"/> MILITARY <input type="checkbox"/> HOSPITAL WARD <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> HOSPITAL ER <input type="checkbox"/> CHURCH <input type="checkbox"/> HOSPITAL OUTPATIENT CLINIC <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER <input type="checkbox"/> WORK					<input type="checkbox"/> DAY CARE <input type="checkbox"/> WORK <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DOCTOR'S OFFICE <input type="checkbox"/> COLLEGE <input type="checkbox"/> HOSPITAL WARD <input type="checkbox"/> MILITARY <input type="checkbox"/> HOSPITAL ER <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> HOSPITAL OUTPATIENT CLINIC <input type="checkbox"/> CHURCH <input type="checkbox"/> MORE THAN ONE SETTING OUTSIDE HOUSEHOLD				
CONTACTS (HOUSEHOLD AND OTHER)									
NAME, ADDRESS AND PHONE	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	DATE MEDICATION GIVEN	TYPE OF MEDICATION	DATE LABORATORY SPECIMEN COLLECTED	LABORATORY RESULTS	

CONTACTS (HOUSEHOLD AND OTHER)

NAME, ADDRESS AND PHONE	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	DATE MEDICATION GIVEN	TYPE OF MEDICATION	DATE LABORATORY SPECIMEN COLLECTED	LABORATORY RESULTS

NOTES

Age	Age of patient at cough onset in no. of years, months, weeks, or days.
Outbreak (Pertussis)	A cluster of ≥ 5 cases (at least one culture-confirmed) in space and time.
Paroxysmal cough	Sudden uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath.
Whoop	High-pitched noise heard on breathing after a coughing spasm.
Posttussive vomiting	Vomiting that follows a paroxysm of coughing.
Apnea	Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant.
Final Interview date	Date of the last interview conducted with the patient or provider to obtain case information.
Cough at final interview	Was the patient still coughing at time of the final interview?
Duration of cough	The total number of days the patient has coughed by the time of the final interview. If cough duration is < 14 days at final interview when the case is reported, it is important to recontact the patient to establish whether the patient did cough for at least 14 days.
Seizures due to pertussis	Generalized or focal seizures due to pertussis.
Acute encephalopathy to pertussis	Acute illness of the brain manifesting as decreased level of consciousness (excluding post-seizures state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized, and have undergone extensive evaluation. (This should be verified by a physician; it is usually mentioned in the hospital discharge summary.)
Died	If patient died from pertussis, verification with the physician is recommended.
Epi-linked	A case that has had close contact with a culture-confirmed case, with cough onset in the period from 30 days before to 30 days after cough onset in the culture-confirmed case, and the timing of the contact was compatible with the incubation period of pertussis (6-20 days).

COMMENTS

DATE CASE FIRST REPORTED TO STATE MONTH DATE YEAR	FORM COMPLETED BY	TELEPHONE ()	DATE FORM COMPLETED MONTH DATE YEAR